

SERFF Tracking Number:	STAR-127753216	State:	Arkansas
Filing Company:	Starmount Life Insurance Company	State Tracking Number:	50128
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Universal Application		
Project Name/Number:	/UNI APP11		

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Universal Application

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: STAR-127753216 State: Arkansas

SERFF Status: Closed-Approved-Closed
Closed

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Belle Lucas, Ruston Woolley

Disposition Date: 11/03/2011

Date Submitted: 10/28/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number: UNI APP11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/03/2011

State Status Changed: 11/03/2011

Created By: Belle Lucas

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Belle Lucas

Filing Description:

October 24, 2011

Re: STARMOUNT LIFE INSURANCE COMPANY, NAIC#68985

Universal Application- UNI APP11

Dear Sir/Madam:

We are pleased to file the above referenced application form in Arkansas. This filing is a new filing and is being filed

<i>SERFF Tracking Number:</i>	<i>STAR-127753216</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starmount Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50128</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
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without an illustration. This form is an additional application that will be used with previously approved life products. The universal application's purpose is to create an application that can be used for our three major individual life insurance products: Valuelife Gold, Starlife Gold and Selectlife.

The following lists the approval dates of these products in your state:

Valuelife Gold (32-001)- approved 12-5-2008

Starlife Gold (21-001)- approved 12-4-2006

Selectlife (51-001)- approved 8-23-2006

These products will continue to be marketed through individual mailers or through other affinity marketing, such as associations and also through agents as standalone coverage to individuals at the workplace and through the internet. The application will be placed on our website upon approval.

Please contact me if you have any questions at 225-400-9282 or by email bellet@starmountlife.com.

Sincerely,
Belle Lucas
Compliance Specialist

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist
P.O. Box 98100
Baton Rouge, LA 70898

bellet@starmountlife.com
225-926-2888 [Phone]

Filing Company Information

Starmount Life Insurance Company
7800 Office Park Boulevard
Baton Rouge, LA 70809
(225) 926-2888 ext. [Phone]

CoCode: 68985

Group Code:

Group Name:

FEIN Number: 72-0977315

State of Domicile: Louisiana

Company Type:

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes

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<i>Project Name/Number:</i>	<i>/UNI APP11</i>		
<i>Fee Explanation:</i>	<i>\$100 per filing.</i>		
<i>Per Company:</i>	<i>No</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	10/28/2011	53286660

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/03/2011	11/03/2011

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Disposition

Disposition Date: 11/03/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	universal application		Yes

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Form Schedule

Lead Form Number: UNI APP11

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UNI APP11	Application/ universal application Enrollment Form		Initial		47.400	UNI APP11.pdf

[Accidental Death Rider Form No. 970005] [Accelerated Benefit Rider 98-010 (Excluded in CO)]

9. Have you smoked, chewed or used tobacco in any form in the last 24 months? ☐ Yes ☐ No If yes, do you smoke more than 2 packs per day? ☐ Yes ☐ No

I have read the above questions and declare the answers are complete and true to the best of my knowledge and belief. I agree the answers will form a part of the policy and the insurance will not be in force until this application has been approved by the company and the policy issued and delivered to me when I am in the same health condition as described above, and the first premium paid. **In MO, benefits paid for death by suicide during the first (one) year this policy is in effect are limited to return of premiums paid. However, in Kansas, until you receive your policy, insurance in force will be limited to \$1,000 and will be in force upon receipt of an application and a premium by the company.**

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic, Pharmacy Benefit Manager or other medical related facility, insurance company, family member, the Medical Information Bureau, or other organization or person, that has any record of me or my health to give Starmount Life Insurance Company, my legal representative for medical records receipt, or its reinsurers, any such information. This includes knowledge about drug abuse, alcoholism or mental illness, and HIV (Human Immunodeficiency Virus) and/or AIDS (Acquired Immune Deficiency Syndrome) status. Although information about drug or alcohol abuse, mental illness, and HIV and/or AIDS status may be protected by government regulation, I allow Starmount to collect it to determine insurability. I understand I (or my authorized representative) am entitled to a copy of the information obtained; that this authorization will expire in 30 months (in KS and OK, in 24 months) from the date of signature, but can be revoked at any time with the applicant's written notification. This information will be used to determine insurability. I understand that I (or my authorized representative) am entitled to receive a copy of this authorization form. A photo copy is as valid as the original. I am also aware that the records may be subject to re-disclosure by the recipient. I am aware that re-disclosed information may no longer be protected by federal privacy regulations. I acknowledge receipt of the MIB Disclosure Notice. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (See reverse for fraud statements specific to your state.)

Insured's Signature: _____ Date _____

[SPOUSE'S APPLICATION ON BACK OVER ➡]

(For Company Use) Authorized Agent: _____

RGN 4 SOC

[SPOUSE OR FRIEND'S INFORMATION (if to be insured) Please print.

Name _____ Date of Birth (REQUIRED) mm / dd / yy
Address _____ City _____ State _____ Zip _____
Sex ☐ M ☐ F Height (Ft. In.) _____ Weight (Lbs.) _____ Email Address _____
Home Phone (REQUIRED) (_____) _____ Cell or Work Phone (_____) _____
Are you employed? ☐ Yes ☐ No (If no, explain) _____ Occupation/Duties (If disabled, explain) _____
Doctor or Clinic (Full Name) _____ Doctor is located in: City _____ State _____
Beneficiary (Full Name) (If none listed, cash will go to your estate.) _____ Relationship _____

I wish to apply for insurance in the amount of: ☐ \$250,000 ☐ \$200,000 ☐ \$150,000 ☐ \$100,000 ☐ \$75,000 ☐ \$50,000
☐ \$45,000 ☐ \$40,000 ☐ \$35,000 ☐ \$30,000 ☐ \$25,000 ☐ \$20,000 ☐ \$15,000 ☐ \$10,000 ☐ \$5,000 ☐ \$3,000

Check one: ADD ACCIDENTAL DEATH CASH OPTION FOR: ☐ Double Benefits ☐ Triple Benefits ☐ Not interested

INDICATE METHOD OF PAYMENT

☐ Deduct future payments from my checking account automatically. (Enclose a blank check with CANCELLED written across the face.)

☐ Charge future payments to: ☐ VISA ☐ MasterCard Credit Card # Exp. Date: mm/yy

☐ Bill me direct for future payments. (There is a \$1 charge each month if direct billing is monthly. Billing is free if every 3 months, annually or by credit card or check draft.)

I want to pay: ☐ Annually (5% discount for annual payment) ☐ Every 3 months ☐ Monthly (We recommend annually or every 3 months.)

PLEASE ANSWER THESE QUESTIONS:

1. In the past 5 years, have you been told you had, been treated for, or diagnosed with any of the following conditions: (Circle each condition and explain all yes answers.)
 - a) Cancer; tumor; polyps; stroke; kidney failure; hepatitis; any disease or disorder of the kidneys, heart, blood, liver or circulatory system; any chronic respiratory or lung disorder; or used oxygen to assist in breathing? ☐ Yes ☐ No _____
 - b) Mental or nervous disorder; Alzheimer's disease; dementia; alcoholism; drug addiction; taken illegal drugs; abused prescription medication; been ticketed for DWI or DUI or had a felony conviction? ☐ Yes ☐ No _____
2. Have you ever (in MO, not to exceed 10 years) tested positive for exposure to (in MO, have you been positively diagnosed or treated for) the HIV (Human Immunodeficiency Virus) infection or been diagnosed as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection? (If yes, circle applicable ones and explain.) ☐ Yes ☐ No _____
3. Within the last 5 years, have you been told you had, been treated for, or been diagnosed with diabetes? ☐ Yes ☐ No Or high blood pressure (in MS & OK, hypertension)? ☐ Yes ☐ No If yes, are you scheduling regular check-up visits and taking medication as prescribed by your physician? ☐ Yes ☐ No
4. In the last 5 years, have you received or been advised to receive any medical or surgical procedure or taken prescription medicine for any condition other than those noted above? ☐ Yes ☐ No (If yes, please explain.) _____
5. Within the last 12 months, have you received or applied for Social Security Disability, Supplemental Security Income, Worker's Compensation, any other disability benefits, or are you disabled? ☐ Yes ☐ No (If yes, please describe disability.) _____
6. Are you currently, or have you in the past 12 months, used or been advised to take prescription drugs? ☐ Yes ☐ No (If yes, please list medications and reason for their use.) _____
7. In the past 5 years, have you had an application for life or health insurance rated, postponed, modified or declined? ☐ Yes ☐ No (If yes, circle those that apply.)
8. Will the coverage applied for replace or change any existing life insurance or annuity? ☐ Yes ☐ No
9. Have you smoked, chewed or used tobacco in any form in the last 24 months? ☐ Yes ☐ No If yes, do you smoke more than 2 packs per day?
☐ Yes ☐ No

I have read the above questions and declare the answers are complete and true to the best of my knowledge and belief. I agree the answers will form a part of the policy and the insurance will not be in force until this application has been approved by the company and the policy issued and delivered to me when I am in the same health condition as described above, and the first premium paid. **In MO, benefits paid for death by suicide during the first (one) year this policy is in effect are limited to return of premiums paid. However, in Kansas, until you receive your policy, insurance in force will be limited to \$1,000 and will be in force upon receipt of an application and a premium by the company.**

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Insured's Signature: _____ **Date** _____

(For Company Use) Authorized Agent: _____ **]**

EXCLUSIONS: Exclusions may apply. Please see your policy for limitations and exclusions specific to your state.

FRAUD STATEMENTS:

For residents of Arkansas and Louisiana: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Kansas: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

For residents of Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
Flesch Readability (Rgn4).pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A- new application submission.		
Comments:			

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
UNI APP11	2228	74	96	47.4

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Digitally signed by Jeffrey G. Wild
DN: cn=Jeffrey G. Wild, o=Starmount Life,
ou=Financial, email=JeffW@Starmountlife.com, c=US
Date: 2011.10.24 10:10:37 -05'00'

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: 10/24/2011